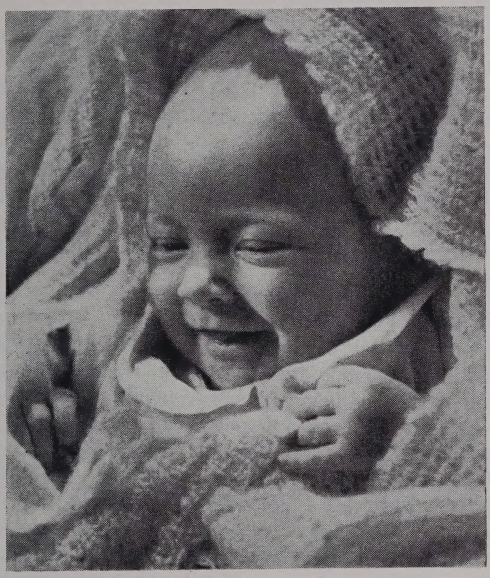
HAPPY BIRTHDAYS



THE NATIONAL BIRTHDAY TRUST FUND,
57, LOWER BELGRAVE STREET,
LONDON, S.W.1.

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The National Birthday Trust Fund was founded in 1928 with the object of raising funds for the extension of Maternity Services and of undertaking inquiries and investigations, under medical supervision, into problems affecting the health and welfare of expectant mothers and newly-born children, and of the adequate relief of pain in childbirth.

Relief of Pain in Childbirth

IS IT NATURAL AND RIGHT THAT A MOTHER SHOULD ENDURE PAIN WHEN A BABY IS BORN ?

There are still a few people who believe that pain is a natural adjunct of childbirth and that artificial means of relieving it are wrong.

Another school of thought holds that childbirth can and should be painless if regarded by the mother as a natural and normal process.

Most people, including the majority of doctors, agree that childbearing is naturally a process incurring varying degrees of discomfort, differing in intensity from one patient to another. It is agreed that it is wrong and unnecessary that any mother should be allowed to suffer when there are methods available to relieve pain without causing harm to herself and the baby.

HOW CAN THIS PAIN BE RELIEVED ?

A. *Anaesthetics.* An anaesthetic is a substance usually inhaled, but sometimes injected, which causes complete unconsciousness. Anaesthetics may be used in childbirth by a doctor when it is necessary for the baby to be born by artificial means, as for example, when instruments are used. An anaesthetic may also be given for the last stage of childbirth, that is, just as the baby is born, but it is definitely harmful to both mother and baby if anaesthetics are given for too long.

B. *Analgesics.* Analgesics are substances which relieve pain without causing loss of consciousness. A local anaesthetic is, in fact, an analgesic. There are very many analgesics and they are used in many different ways. In childbirth an analgesic may be given by mouth, by injection, or inhaled as a gas or vapour. Drugs administered by mouth are chiefly sedatives, those injected usually opiates of which pethidine is an example. Pethidine, extensively used nowadays, has considerable power to relieve pain, and when given under careful supervision, gives very satisfactory results.

Inhaled analgesics used today by midwives are:—

1. Gas and Air, which is a mixture of dentist's gas and air.
2. Trilene, a blue liquid which gives off a vapour, and the latter when inhaled has the power to relieve pain to a considerable degree.

WHO MAY GIVE THE RELIEF ?

A doctor who is conducting a case of childbirth, or a midwife working under the instructions of a doctor can give any form of analgesia.

A midwife working without a doctor may give gas and air, trilene or pethidine, provided she has been instructed in their administration; a second "responsible" person is present, who must be approved by herself and the patient, but who need not have had any special training; and she uses an approved machine.

HOW IS THE INHALATION ANALGESIA GIVEN ?

Gas and Air. A specially designed machine delivers a mixture of equal quantities of gas and air. The mother breathes this mixture from a rubber mask which she holds over her own face. She thus gets the pain-relieving effect of the gas, but she cannot take too much, since, if she loses consciousness, she will automatically release the mask and thus breathe no more gas.

Trilene. The liquid trilene is poured into a special apparatus, and the mother inhales the vapour given off, using a face mask in the same way as for gas and air analgesia.

DO THEY GIVE COMPLETE RELIEF ?

No method of analgesia can be guaranteed to give complete relief in every case. Individual mothers vary very much in the amount they suffer in childbirth and in the relief they obtain from different forms of analgesia. Gas and Air, as at present permitted for use by midwives, is entirely satisfactory in the majority of cases.

The best results are obtained when mother and midwife discuss it before labour starts, so that later on they can work together. If the pain is unrelieved the midwife can always call in a doctor who has other methods at his command.

ARE THESE SAFE FOR ALL MOTHERS ?

Gas and air analgesia or trilene analgesia are safe for the majority of mothers. When a midwife is undertaking the case alone, the mother must be examined by a doctor one month before the confinement is due in order to be sure that she is fit to receive either of these analgesics. If she is not in good health a doctor would be in charge of the case.

DO THEY HARM THE BABY ?

Any drug given to the mother may affect the unborn child. If an excessive dose is given or the drug is too strong, the baby's breathing may be affected. Gas and air analgesia and trilene analgesia, however, can do no harm to the baby provided it is properly given.

HAS THE MOTHER THE RIGHT TO ASK FOR RELIEF ?

Every mother can *ask* for the relief. It is right that mothers should make their wishes known in this way, and those attending the confinement should give the utmost relief compatible with safety.

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IS THE RELIEF PROVIDED UNDER THE HEALTH SERVICE ACT?

The National Health Service Act, 1946, provides for a free maternity service open to all mothers. The Act does not make any specific provision for analgesia, but the local health authorities, who administer the Act, have been encouraged by the Ministry of Health to arrange for the machines and means of transport for the universal provision of gas and air.

WHY DO NOT ALL MOTHERS GET THE RELIEF AT PRESENT?

There is no doubt that the present position is still unsatisfactory in some areas, and not as many mothers as should do are getting relief in childbirth. The reasons are various.

There are still undoubtedly cases where callousness or indifference, or a poor understanding of the need for relief on the part of those attending mothers in childbirth, are responsible for unnecessary suffering. This it not only the case where confinements take place at home, but can also occur in hospital. A mother who is having certain forms of analgesia cannot safely be left alone, and shortage of staff may not permit the close supervision that is necessary, so no attempt to provide any relief is made.

The majority of confinements are conducted by midwives, who can under the Rules of the Central Midwives' Board, give nearly as much analgesic relief as doctors, provided they have received the necessary training. Some midwives, however, have still not received the necessary training in analgesia, and though they have been trained to give gas and air they may not have the means of transporting the machine. Transport is a serious problem, since the apparatus for gas and air analgesia is heavy. A large part of the weight is made up by the cylinders which hold the gas. As several cylinders may be needed, the problem of transport becomes even more difficult. However, the introduction of trilene analgesia will help to solve the transport problem, as the trilene apparatus is much lighter than the gas and air. When sufficient machines have been made and distributed to the midwifery services throughout the country, mothers will be able to avail themselves of this type of pain relief, provided it is regarded as a suitable drug for them, in the opinion of the doctor who examined them in the ante-natal period.

HOW CAN WE HELP TO GET MORE RELIEF FOR MOTHERS?

The public should realise that there is still a wide variation in the rates of administration of gas and air analgesia and pethidine. Women should demand relief in childbirth in all cases where the mother desires it and there is no medical reason against it, and they should make this demand known by every means possible until all unnecessary suffering is abolished.

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